

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010131

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 28

FILED FEB 25 1963

VS 300  
Rev. 4/59

1 1085  
2 1080-  
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4 0  
5 1  
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9 974X  
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12 91-0  
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Nevada</b>		c. CITY OR TOWN <b>Nevada</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>City Jail</b>		d. STREET ADDRESS <b>R#1</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>ELWOOD ELLIS GARDNER</b>		4. DATE OF DEATH <b>February 15 1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-20-1916</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attendant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State Hospital #3</b>	11. BIRTHPLACE (City and state or country) <b>Sheldon, Missouri</b>
13a. FATHER'S NAME <b>James Worth Gardner</b>		13b. MOTHER'S MAIDEN NAME <b>Leona Higgins</b>	14. NAME OF HUSBAND OR WIFE <b>Lenore Gardner</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>7</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Asphyxiation</b> DUE TO (b) <b>Strangulation</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b> <b>Instant.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Attempted to hang himself with his shoe laces.</b>	
20c. TIME OF INJURY <b>6:30</b>	Month, Day, Year <b>Feb. 15, '63</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>City Jail</b>	20f. CITY, TOWN, OR LOCATION <b>Nevada, Vernon, Missouri</b>	STATE
21. I attended the deceased from <b>Feb. 15, 1963</b> , to _____ and last saw him alive on <b>D.O.A.</b> Death occurred <b>Nevada, Missouri 6:45 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>L.P. McCann</b> (Degree or title) <b>L. P. McCann, M.D.</b>		22b. ADDRESS <b>Moore Building, Nevada, Missouri</b>	22c. DATE SIGNED <b>2/18/'63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>February 18 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Moore Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>
24. FUNERAL DIRECTOR <b>Ferry Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>2-19-63</b>	26. REGISTRAR'S SIGNATURE <b>Anna E. Perry</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

FEB 25 1963  
FEB 27 1963  
MAR 14 1963

1082  
1081

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*L. Eugene Farry*

Licensed Embalmer No. 4960

P. O. Address

*Kenosha, Wisconsin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.